

Louisiana DHH Nursing Facility *Client Face Sheet for LOCET pp.1-3*
Level of Care Eligibility Tool for Nursing Facilities pp.4-11
Hardcopy version is for use in Nursing Facility Admission Process.

| | | | |
|---|---------------------|---|----------------------------------|
| 1 | Client Name | | |
| | | a. (Last/Family Name) | b. (First Name) c. (Middle) |
| 2 | Case record No. | Do Not Use This Field | |
| 3 | Numeric Identifiers | a. Social Security Number <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> b. Medicaid Number ("1" if pending, "0" if none) <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> c. Private Insurance Number and Name (Abbr. Name) <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> d. Veteran's Administration Number <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> e. Medicare Number (or comparable railroad insurance number): <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> f. CCN <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> | |
| 1 | First Level | Program Name/Service | 0 |
| | | 0. Unassigned at this time | |
| 2 | Second Level | DHH Region Number | |
| 3 | Third | Case Management/ Program Agency | Reserved for other use |
| 4 | Fourth | MDS-HC Assessor | Reserved for other use |
| 5 | Fifth Level | Where Interview Conducted: 1. Home 5. PACE 2. Nursing Home 6. ADHC 3. Hospital 7. ARCP 4. ICF/DD 8. Telephone | |

| | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--------------------------------------|--|--|-----------------|------------------------------|---|---------------------------------|------------------|----------------------|----------------|--------------------|-------------------|----------------------------------|---|----------------------------|---|--|---|---|--|---|---|
| 1 | Gender | 1. Male 2. Female | | | | | | | | | | | | | | | | | | | | |
| 2 | Birth-date | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td>M</td><td>M</td><td></td><td>D</td><td>D</td> </tr> </table> | | | | | | | | | | | Y | Y | Y | Y | | M | M | | D | D |
| | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | M | M | | D | D | | | | | | | | | | | | | |
| 3 | Race/Ethnicity | 0. No 1. Yes (Answer All) | <table border="1"> <tr> <td>Race:</td> <td></td> <td>d. Native Hawaiian or other Pacific Islander.....</td> </tr> <tr> <td>a. Amer Indian / Alaskan Native</td> <td></td> <td>e. White.....</td> </tr> <tr> <td>b. Asian.....</td> <td></td> <td>Ethnicity:</td> </tr> <tr> <td>c. Black / African American.....</td> <td></td> <td>f. Hispanic or Latino.....</td> </tr> </table> | Race: | | d. Native Hawaiian or other Pacific Islander..... | a. Amer Indian / Alaskan Native | | e. White..... | b. Asian..... | | Ethnicity: | c. Black / African American..... | | f. Hispanic or Latino..... | | | | | | | |
| Race: | | d. Native Hawaiian or other Pacific Islander..... | | | | | | | | | | | | | | | | | | | | |
| a. Amer Indian / Alaskan Native | | e. White..... | | | | | | | | | | | | | | | | | | | | |
| b. Asian..... | | Ethnicity: | | | | | | | | | | | | | | | | | | | | |
| c. Black / African American..... | | f. Hispanic or Latino..... | | | | | | | | | | | | | | | | | | | | |
| 4 | Marital Status | 1. Never Married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other | | | | | | | | | | | | | | | | | | | | |
| 5 | Language | Primary Language 0. English 1. Spanish 2. French 3. Other | | | | | | | | | | | | | | | | | | | | |
| 6 | Education (Highest Level Completed) | <table border="1"> <tr> <td>1. No Schooling</td> <td>5. Technical or Trade School</td> </tr> <tr> <td>2. 8th grade or less</td> <td>6. Some College</td> </tr> <tr> <td>3. 9 - 11 grades</td> <td>7. Bachelor's Degree</td> </tr> <tr> <td>4. High School</td> <td>8. Graduate Degree</td> </tr> </table> | | 1. No Schooling | 5. Technical or Trade School | 2. 8 th grade or less | 6. Some College | 3. 9 - 11 grades | 7. Bachelor's Degree | 4. High School | 8. Graduate Degree | | | | | | | | | | | |
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| 2. 8 th grade or less | 6. Some College | | | | | | | | | | | | | | | | | | | | | |
| 3. 9 - 11 grades | 7. Bachelor's Degree | | | | | | | | | | | | | | | | | | | | | |
| 4. High School | 8. Graduate Degree | | | | | | | | | | | | | | | | | | | | | |
| 7 | Responsibility / Advanced Directives | (Code for responsibility / advanced directives) 0. No 1. Yes a. Client has a legal guardian b. Client has advanced medical directives in place. (for example, a do not hospitalize order) | | | | | | | | | | | | | | | | | | | | |
| 1 | Client Contact Info | Home a. Address 1: b. Address 2: c. City: d. State e. Zip: f. Home Tel: g. Work Tel: h. Pager Tel: i. Fax Tel: j. E-mail: k. Directions: l. Facility Name: m. Parish: | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--------------------------------|---|----------|---------|
| Client Contact Info | Mailing Address if Different From Primary Address | | |
| | n. Name: | | |
| | o. Address 1: | | |
| | p. Address 2: | | |
| | q. City: | r. State | s. Zip: |

| | | | | |
|---|------------------------------------|-------------------------------|---|--|
| 2 | Emergency Contact Info | a. Name | | |
| | | b. Address 1: | | |
| | | c. Address 2: | | |
| | | d. City: | e. State f. Zip: | |
| | | g. Home Tel: | h. Work Tel: | |
| | | i. Pager Tel: | j. Fax Tel: | |
| 3 | | Physician Contact Info | a. Name | |
| | b. Address 1: (Mailing Address) | | | |
| | c. Address 2: | | | |
| | d. City: | | e. State f. Zip: | |
| | g. Home Tel: | | h. Work Tel: | |
| | i. Pager Tel: | | j. Fax Tel: | |
| | k. E-mail: | | | |
| 4 | Other Contact Info | | Type of Other Contact 1. Personal Representative 4. Power of Attorney 2. Tutor 5. Other (specify): 3. Curator | |
| | | | | |
| | | a. Name: | | |
| | | b. Address 1: | | |
| | | c. Address 2: | | |
| | | d. City: | e. State f. Zip: | |
| | | g. Home Tel: | h. Work Tel: | |
| | | i. Pager Tel: | j. Fax Tel: | |
| | | k. E-mail: | | |

Louisiana DHH Nursing Facility Level of Care Eligibility Tool (LOCET)

Hardcopy version is for use in Nursing Facility Admission Process.

SECTION A. SETTING THE STAGE

1. The intake analyst will discuss the eligibility determination process/issues generally with the informant, then read the statement to the informant and ask if he/she understands, clarify any misunderstandings, and finally, select the answer given.

"I (informant) understand that the purpose of this interview is to determine if the person being assessed (applicant) meets medical eligibility criteria for publicly funded long-term care services, and that I am expected to provide objective and accurate information about the applicant to assist in this determination."

2. "The following issues have been explained to me:

a. The information I provide during the interview may be verified for quality improvement purposes.

0. No 1. Yes

☐

b. The information I provide will be used to determine medical eligibility for long-term care services funded through the Louisiana Department of Health and Hospitals.

0. No 1. Yes

☐

c. The results of this interview, and information about how to appeal the results, will be provided in writing to the applicant.

0. No 1. Yes

☐

d. The Louisiana Department of Health and Hospitals will conduct in-person interviews on a random sample of individuals who have applied to assess the accuracy of the information provided.

0. No 1. Yes

☐

e. All program requirements must be met for eligibility to any particular program."

0. No 1. Yes

☐

3. Informant indicates that eligibility determination process/issues have been adequately explained:

0. No 1. Yes

☐

Signature of

Applicant / Informant:

Date

SECTION AA INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

SECTION BB. EVACUEE DETERMINATION

1. Evacuee Status

Is the applicant an evacuee of a catastrophic event which occurred within the last 12 months?

0. No 1. Yes **(If "No," SKIP TO ITEM EE.1)**

☐

2. Choice of Destination

Was the applicant given a choice regarding where he / she wanted to evacuate?

0. No 1. Yes

☐

3. Out of State

Is the applicant currently living out of state due to a recent catastrophic event within his/her usual living area?

0. No 1. Yes

☐

4. Living Arrangement Satisfaction

Is the applicant satisfied with his/her current living arrangements?

0. No 1. Yes

☐

5. Preferred Living Arrangements

1. Private home/apartment
2. Hospital

3. Adult Residential Center/Board & Care
4. Nursing Home

5. Other

☐

6. Living Arrangements Prior to Evacuation

1. Private home/apartment
2. Hospital

3. Adult Residential Center/Board & Care
4. Nursing Home

5. Other

☐

7. Extent of Residence Damage

0. None

2. Extensive – Inhabitable

4. Unknown

1. Minor – Inhabitable

3. Extensive – Uninhabitable

☐

Applicant Name _____ Last 4 digits of Applicant SSN _____

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OAAS PF-06-010

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8. Support at Home
 0. No one
 1. Spouse
 2. Adult Child
 3. Sibling
 4. Parent
 5. Friend/neighbor
 6. Other

SECTION CC INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

SECTION DD INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

Section EE. Initial Call and LOCET Type

1. LOCET Initiated by:
 0. DHH Designee 1. Applicant 2. Informant
 2. Date/Time LOCET Initiated:

| | | | | | | | | | |
|---|---|---|---|--|---|---|--|---|---|
| | | | | | | | | | |
| Y | Y | Y | Y | | M | M | | D | D |

| | | | | |
|--|--|---|--|--|
| | | : | | |
|--|--|---|--|--|

(Military Time)

3. Type of LOCET :
 1. Initial Determination
 2. Audit Review Determination
 3. Follow-up after Incomplete
 4. Annual Reassessment

SECTION FF. Program Choice

0=NO 1=YES

1. Indicate the applicant's choice of Long Term Care Program:
 a. Program Choice Not Declared at this time.....
 b. Adult Day Health Care Waiver Services (ADHC).....
 c. Elderly and Disabled Adult Waiver (EDA).....
 d. Long Term Personal Care Services (LT-PCS).....
 e. PAS.....
 f. PACE.....
 g. Adult Residential Care Program
 h. Nursing Facility Admission.....

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| |
| Not Used 0 |
| |
| Not Used 0 |
| |

SECTION GG. Diagnoses:

- a. Primary Diagnosis: _____
 b. Secondary Diagnosis: _____

ICD-9 Codes
(If available)



| | | | | | |
|--|--|--|---|--|--|
| | | | . | | |
| | | | . | | |

SECTION B. Items/information to collect at beginning of interview process

4. Relationship of informant to applicant (select only one):

0. Self (**Skip to Item B.7**)
 1. Spouse
 2. Child or child-in-law
 3. Other relative
 4. Friend/neighbor
 5. Hospital discharge planner
 6. Nursing Home admissions staff
 7. Other health care professional. Specify. _____
 8. Other. Please specify. _____

5. Informant's information sources regarding the status/abilities of applicant.

(select all that apply):

0=NO 1=YES

- a. Direct observation of the applicant
 b. From paid care providers.....
 c. From family or other informal caregivers
 d. Review of agency records, care provider status reports, etc.....
 e. Other (specify)

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0=NO 1=YES

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(This name will be used in questions 10A, 10B and 11.)

10.B. If Date of Birth is not known, what is caregiver's current age?

| | | |
|--|--|--|
| | | |
|--|--|--|

0. NO 1. YES 2. Unknown to informant

11

"I will name three items for the applicant to remember. These may not be written down, but must be only remembered from the applicant hearing the spoken words. I will ask the applicant to tell me what these three items are in five minutes. "

"The Items to remember are: (Interviewer will write three simple items here and tell them to the informant:
[Example: "book... clock... tree"]")

1. _____ 2. _____ 3. _____

12A. *Locomotion*. Describe how the applicant moves between locations inside his/her place of residence. (If the applicant uses a wheelchair, code self-sufficiency once in chair.) Use the following codes to describe the applicant's self-performance during last 7 days:

- 11

A through G only

12B *Eating*. Describe how the applicant eats and drinks (regardless of skill). (Includes intake of nourishment by other means, e.g., tube feeding...) Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days,
--OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
- c. **Limited assistance:** Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times--OR-- More help provided only 1 or 2 times during last 7 days.
- d. **Extensive assistance:** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

☐

A through G only

12C. *Transfer*. Describe how the applicant moves to and from surfaces, e.g., bed, chair, wheelchair, standing position. (EXCLUDE transferring to/from bath/toilet.) Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days,
--OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
- c. **Limited assistance:** Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times--OR-- More help provided only 1 or 2 times during last 7 days.
- d. **Extensive assistance:** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

☐

A through G only

12D. *Bed Mobility*. Describe how the applicant moves to and from a lying position, turns side to side, and positions body while in bed. Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
- c. **Limited assistance:** Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times--OR-- More help provided only 1 or 2 times during last 7 days.
- d. **Extensive assistance:** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
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- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

☐

A through G only

12E. *Toilet Use*. Describe how the applicant uses the toilet (or commode, bedpan, urinal). (Includes transfer on/off toilet, cleaning self, changing pad, managing ostomy or catheter, adjusting clothes.) Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
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 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

☐

A through G only

12F. *Dressing*. Describe how the applicant dresses and undresses him/herself, including prostheses, orthotics, fasteners, belts, shoes, and underwear. Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
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 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

A through G only

12G. *Personal Hygiene*. Describe how the applicant grooms him/herself, including combing hair, brushing teeth, washing/drying face/hands, shaving. (EXCLUDE baths and showers.) Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
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- d. **Extensive assistance:** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

A through G only

12H. *Bathing*. Describe how the applicant takes a full-body bath/shower or sponge bath (excluding hair or washing back). Use the following codes to describe the applicant's self-performance during last 7 days:

- a. **Independent:** No help or oversight --OR--Help/oversight provided only 1 or 2 times during last 7 days.
- b. **Supervision:** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
- c. **Limited assistance:** Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times--OR-- More help provided only 1 or 2 times during last 7 days.
- d. **Extensive assistance:** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence:** Full performance by another during all of last 7 days.
- f. **Activity did not occur** during entire 7 days (regardless of ability).
- g. **Unknown to Informant**

A through G only

12I. *Bladder continence*. Describe the applicant's control of urinary bladder function in the last 7 days (with appliances such as catheters or incontinence program employed).

- a. Continent – complete control; no device used
- b. Continent with catheter – complete control with use of any type of catheter
- c. Usually continent – incontinent episodes once a week or less
- d. Incontinent – incontinent episodes at least 2 times a week or more
- e. Unknown to informant

A through E only

12J. *Medication Management*. Describe how the applicant manages medications, for instance, remembers to take them as scheduled, takes the correct dosage, opens bottles, or gives injections. Use the following codes to describe the applicant's self-performance during last 7 days:

- | | |
|--|------------------------------------|
| a. Independent – did on own | d. By Others – performed by others |
| b. Some Help – help some of the time | e. Did not occur |
| c. Full Help – performed with help all of the time | f. Unknown to informant |

A through F only

12K. Code for functioning in routine activities around the home or in the community during the last 7 days:

A. Meal Preparation – How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food, utensils):

- | | |
|--|------------------------------------|
| a. Independent – did on own | d. By Others – performed by others |
| b. Some Help – help some of the time | e. Did not occur |
| c. Full Help – performed with help all of the time | f. Unknown to informant |

| |
|------------------|
| |
| A through F only |

B. Shopping – “shopping” is performed for food and household items (e.g., selecting items, managing money):

- | | |
|--|------------------------------------|
| a. Independent – did on own | d. By Others – performed by others |
| b. Some Help – help some of the time | e. Did not occur |
| c. Full Help – performed with help all of the time | f. Unknown to informant |

| |
|------------------|
| |
| A through F only |

12L. In a typical week, (during the last 30 days) give the number of days the applicant usually went out of the house or building in which the applicant lives, no matter how short a time:

- | | |
|--------------------|-------------------------|
| a. Every day | d. No days |
| b. 2-6 days a week | e. Unknown to informant |
| c. 1 day a week | |

| |
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| |
| A through E only |

12M. Has the applicant’s Activity of Daily Living self-performance status changed significantly compared to status of 90 days ago?

- | | | | |
|--------------|-------------|-----------------|-------------------------|
| a. No change | b. Improved | c. Deteriorated | d. Unknown to informant |
|--------------|-------------|-----------------|-------------------------|

| | |
|------------------|--|
| A through D only | |
|------------------|--|

Pathway 2. Cognitive Performance

13A. *Short-term Memory.* Does the applicant appear to recall recent events, for instance, when the applicant ate at his/her last meal and what he/she ate?

0. Memory OK 1. Memory problem 2. Unknown to Informant

| | |
|------------------|--|
| 0 or 1 or 2 only | |
|------------------|--|

13B. *Memory Exercise Question:* Please recall for me the three items we mentioned earlier in this interview.

- | | |
|---------------------------------------|-----------------------------------|
| 0. Did not recall any items correctly | 3. Recalled three items correctly |
| 1. Recalled one item correctly | 4. Did not assess |
| 2. Recalled two items correctly | |

| | |
|------------------|--|
| 0 through 4 only | |
|------------------|--|

13C. *Cognitive Skills for Daily Decision-making.* How does the applicant make decisions about the tasks of daily life, such as planning how to spend his/her day, choosing what to wear, reliably using canes/walkers or other assistive equipment if needed?

- a. Independent – decisions consistent/reasonable
- b. Minimally impaired – some difficulty in new situations or decisions poor and requires cueing/supervision in specific situations only
- c. Moderately impaired – decisions consistently poor or unsafe; cues or supervision required at all times
- d. Severely impaired – never/rarely made decisions
- e. Unknown to Informant

| | |
|------------------|--|
| A through E only | |
|------------------|--|

13D. *Making Self Understood.* How clearly is the applicant able to express or communicate his/her needs/requests? (Includes speech, writing, sign language, or word boards.)

- a. Understood—expresses ideas without difficulty
- b. Usually understood – difficulty finding words or finishing thoughts; prompting may be required
- c. Sometimes understood – ability is limited to making concrete requests
- d. Rarely/never understood
- e. Unknown to Informant

| |
|------------------|
| |
| A through E only |

13E. Has there been a sudden or new onset or change in mental functioning in the last 7 days, including ability to pay attention, awareness of surroundings, being coherent; unpredictable variation over course of the day?

0. No 1. Yes 2. Unknown to Informant

| | |
|------------------|--|
| 0 or 1 or 2 only | |
|------------------|--|

Pathway 3. Physician Involvement

14A. *Physician visits.* In the last 14 days, how many days has a physician (or authorized assistant or practitioner) examined the applicant? (Do not count emergency room exams or hospital in-patient visits.)

0 1 2 3 4 5 6 7+

0 through 15 only

14B. *Physician orders.* In the last 14 days, how many times has a physician (or authorized assistant or practitioner) changed the applicant's orders? (Do not include order renewals without change; do not count hospital in-patient order changes.)

0 1 2 3 4 5 6 7+

0 through 15 only

Pathway 4. Treatments and Conditions

15A. Has the applicant received any of the following health treatments, or been diagnosed with any of the following health conditions?

0. No 1. Yes 2. Unknown to Informant

a. Stage 3-4 pressure sores in the last 14 days.....

b. Intravenous feedings in the last 7 days.....

c. Intravenous medications in the last 14 days.....

d. Tracheostomy care, ventilator/respirator, suctioning in last 14 days.....

e. Pneumonia in the last 14 days.....

f. Daily respiratory therapy in the last 14 days....

g. Daily insulin injections with 2 or more order changes last 14 days.....

h. Peritoneal or hemodialysis in the last 14 days.....

0 or 1 or 2 only

0 or 1 or 2 only

15B. Does the applicant have one of the following diseases/conditions that a doctor has indicated is present AND affects applicant's status, OR has required treatment of symptom management in the last 90 days?

0. No 1. Yes 2. Unknown to informant

a. Alzheimer's disease.....

b. Dementia other than Alzheimer's

c. Head trauma.....

d. Multiple sclerosis.....

0 or 1 or 2 only

0 or 1 or 2 only

Pathway 5: Skilled Rehabilitation Therapies

16. Is the applicant currently receiving any skilled rehabilitation therapies?

0. No 1. Yes 2. Unknown to Informant

0 or 1 or 2 only

16A. Record the total minutes each of the following therapies was administered or scheduled (for at least 15 minutes a day). Enter "0" if none or less than 15 minutes daily.

a=Total number of minutes provided in last 7 days

b=Total number of minutes scheduled for next 7 days but not yet administered

1. Speech Therapy a = _____ b = _____

2. Occupational Therapy a = _____ b = _____

3. Physical Therapy a = _____ b = _____

0 through 999 only

Pathway 6. Behavior

17A. *Wandering.* In the last seven days, did the applicant wander, that is, move around with no rational purpose, seemingly oblivious to his/her needs or safety?

Code for behavior symptom frequency in last 7 days:

a. Behavior not exhibited in last 7 days

b. Behavior of this type occurred 1 to 3 days in last 7 days

c. Behavior of this type occurred 4 to 6 days, but less than daily

d. Behavior of this type occurred daily

e. Unknown to Informant

A through E only

17B. *Verbally abusive behavior.* In the last seven days, did the applicant threaten or scream at others? Code for behavior symptom frequency in last 7 days:

a. Behavior not exhibited in last 7 days

b. Behavior of this type occurred 1 to 3 days in last 7 days

c. Behavior of this type occurred 4 to 6 days, but less than daily

d. Behavior of this type occurred daily

e. Unknown to Informant

A through E only

17C. *Physically abusive behavior.* In the last seven days, did the applicant hit, shove, scratch, or otherwise act physically abusive or sexually abusive toward other people? Code for behavior symptom frequency in last 7 days:

a. Behavior not exhibited in last 7 days

b. Behavior of this type occurred 1 to 3 days in last 7 days

c. Behavior of this type occurred 4 to 6 days, but less than daily

d. Behavior of this type occurred daily

e. Unknown to Informant

A through E only

Applicant Name _____ Last 4 digits of Applicant SSN _____

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17D. *Socially inappropriate/disruptive behavior.* In the last seven days, did the applicant make noise, engage in self-abusive acts, disrobe in public, hoard items, or rummage through others' belongings? Code for behavior symptom frequency in last 7 days:

- a. Behavior not exhibited in last 7 days
- b. Behavior of this type occurred 1 to 3 days in last 7 days
- c. Behavior of this type occurred 4 to 6 days, but less than daily
- d. Behavior of this type occurred daily
- e. Unknown to Informant

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A through E only

17E. *Mental Health Problem/Condition.*

Applicants who need long term care may experience delusions and hallucinations that impact the applicant's ability to live independently in the community. If present at any point in last 7 days, code:

- 0. NO This applicant DID NOT experience delusions or hallucinations with impacted his/her ability to function in the community within the last 7 days.
- 1. YES This applicant DID experience delusions or hallucinations with impacted his/her ability to function in the community within the last 7 days.
- 2. Unknown to informant

0 or 1 or 2 only

- a. Delusions
- b. Hallucinations

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Pathway 7: Service Dependency

18. Code if the applicant is currently being served by EDA Waiver, ADHC Waiver services, LT PCS or is currently in a nursing home.

a.= Not approved for or receiving these services before 12/01/2006.

b.= Was approved for these services prior to 12/01/2006 and requires ongoing services to maintain current functional status.

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A or B only

Items to be filled out by intake analyst after completing LOCET form:

J19A. How many minutes did this contact and interview take? _____

J19B. Date LOCET completed

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|
| | | | | | | | | | |
| Y | Y | Y | Y | M | M | D | D | | |

My signature below indicates that I attest to the fact that I have conducted the LOCET interview recorded within this document, and that the Intake Analyst Registration number shown below in Item J19.C.c. has been issued to me by the Office of Aging and Adult Services.

J19C.a. Signature of Intake Analyst

Signature

Printed Name

J19C.b. Date of Intake Analyst Signature

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|---|---|---|---|---|---|---|---|--|--|
| | | | | | | | | | |
| Y | Y | Y | Y | M | M | D | D | | |

Telephone Number of Intake Analyst.....

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J19C.c. LOCET Intake Analyst

Registration Number.....

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J19G. Event Log

2. Date SMS Form sent to OAAS

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| Y | Y | Y | Y | M | M | D | D | | |